



**Board of Commissioners of Cook County**  
**Report of the Legislation and Intergovernmental Relations Committee**

**Thursday, May 1, 2014**

**10:00 AM**

**Cook County Building, Board Room, Room 569  
118 North Clark Street, Chicago, Illinois**

**SECTION 1**

**ATTENDANCE**

**Present:** Chairman Suffredin, Commissioners Butler, Collins, Daley, Gainer, García, Gorman, Murphy, Reyes, Schneider, Silvestri and Sims (12)

**Absent:** Vice Chairman Fritchey, Commissioners Goslin, Moore, Steele and Tobolski (5)

**Also Present:** Dr. Jorelle Alexander, DMD, MPH – System Director of Oral Health

**PUBLIC TESTIMONY**

Chairman asked the Secretary to the Board to call upon the registered public speakers, in Accordance with Cook County Code, Sec. 2-107(dd).

1. Dr. Sonia Metha – Loretta Hospital
2. Charles Walker – Concerned Citizen
3. Cornelius Bussell – Concerned Citizen
4. Dr. Gerald Cieben – Concerned Citizen
5. Cedric Yarborough – Concerned Citizen
6. Reginald Akeem Berry, Sr. – Founder, Saving Our Sons

**14-2444**

**Sponsored by:** EARLEAN COLLINS and JOAN PATRICIA MURPHY, County Commissioners

**PROPOSED RESOLUTION**

**ADULT ORAL HEALTH CARE**

**WHEREAS**, Cook County is a home rule unit of local government pursuant to Article VII, Section 6 (a) of the 1970 Illinois Constitution, and as such may exercise any power and perform any function pertaining to its government and affairs; and

**WHEREAS**, this country's strength and ability to prosper is grounded in the health and safety of its people. For many years now millions of Americans could not afford adequate healthcare. The Affordable Care Act affords us an opportunity to provide and improve health care services to every American; and

**WHEREAS**, while the passage of the Affordable Care Act has moved this country in a direction for all people to have health insurance, it would be remiss of us not to acknowledge the need for adjustments as a program of this magnitude is implemented; and

**WHEREAS**, the Affordable Care Act excludes adult oral health care services while it covers many essential health benefits. It has been acknowledged by oral health care agencies and professionals that oral health care is essential to insure overall quality of health; and

**WHEREAS**, the U.S. Surgeon General refers to dental disease as a silent epidemic. In 2000 the U.S. Surgeon General issued a report on the Oral Health of American, in it the National Institute of Dental and Craniofacial Research showed the link between general health and oral health. The report went on to say that many systemic diseases and conditions have oral manifestations. These manifestations may be the initial sign of clinical disease and as such serve to inform clinicians and individuals of the need for further assessment. More importantly, the report notes that the oral cavity is a portal of entry as well as the site of disease for microbial infections that affect general health status; and

**WHEREAS**, it is also acknowledge by the U.S. Department of Health and Human Services that the lack of access to dental care is extremely important because left untreated oral disease can lead not only to pain, infection and tooth loss, but also contribute to an increased risk for serious medical conditions such as diabetes, heart disease and poor birth outcomes; and

**WHEREAS**, according to the Center for Disease Control and Prevention there are threats to oral health across one's lifespan. Nearly one-third of all adults in the United States have untreated tooth decay. One in seven adults aged 35 to 44 years has gum disease, this increases to one in every four adults aged 65 years and older; and

**WHEREAS**, according to Oral Health America, the older adult population is the fastest growing segment of the United States and many are facing a dire situation when it comes to oral health. Accordingly, by 2030 there will be 72+ million older adults in the U.S., most won't have access to dental care, impacting overall health; and

**WHEREAS**, a 2013 study, issued by Advance for Nurse Practitioners and Physicians Assistants, reported that 30% of older adults lose their teeth, 23% have gum disease, 50% have untreated cavities and that there are 30,000 oral and pharyngeal cancers diagnosed annually; and

**WHEREAS**, the American Dental Association (ADA) states that oral health is essential for a healthy America. The ADA further states that no law, regulation or mandate will improve the oral health of the public unless policymakers, patients and dentists work together with a shared understanding of the importance of oral health and its relationship to overall health; and

**WHEREAS**, the ADA states that prevention pays and that the key to improving and maintaining good oral health is by preventing oral disease.

**NOW, THEREFORE, BE IT RESOLVED**, that the President and the Cook County Board of Commissioners call upon the President of the United States, the House and Senate to consider adult oral health care coverage under the Affordable Care Act.

**BE IT FURTHER RESOLVED**, that a suitable copy of the Resolution be tendered to the President of the United States of America, the House and the Senate.

Dr. Jorelle Alexander, DMD, MPH, delivered a presentation regarding the access to oral health care for adults. Chairman Suffredin requested that Dr. Alexander's presentation be entered into the record.

A motion was made by Commissioner Collins, seconded by Commissioner Daley, that this Proposed Resolution be recommended for approval. Chairman Suffredin called for a roll call. The motion carried by the following vote:

**Aye:** Chairman Suffredin, Commissioners Butler, Collins, Daley, García, Murphy, Reyes and Sims (8)

**Nay:** Commissioner Gorman (1)

**Present:** Commissioners Schneider and Silvestri (2)

**Absent:** Vice Chairman Fritchey, Commissioners Gainer, Goslin, Moore, Steele and Tobolski (6)

#### ADJOURNMENT

Commissioner Silvestri, seconded by Commissioner Murphy, moved to adjourn the meeting. The motion passed and the meeting was adjourned.


#### SECTION 2

#### YOUR COMMITTEE RECOMMENDS THE FOLLOWING ACTION WITH REGARD TO THE MATTER NAMED HEREIN:

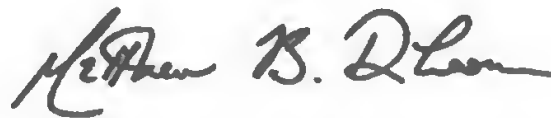
File ID 14-2444

Recommended for Approval

Respectfully submitted,



Chairman



Secretary

\*A video recording of this meeting is available at <https://cook-county.legistar.com>



# **Access to Adult Dental Care**

Dr. Jorelle R. Alexander  
Cook County Health and Hospitals System  
System Director of Oral Health

Legislation & Intergovernmental Relations Committee  
Cook County Board of Commissioners

May, 1, 2014



# Impact of SMART ACT

- Serious and life threatening conditions with the adult Medicaid population.



# A tale of men

- Two men presenting to Chicago Area Hospital
- One gentleman who died in August of 2010 due to untreated tooth decay



# Impact on Safety Net Clinics

- County dental clinics, FQHC's and our dental schools
- Patients cannot even afford the significantly reduced cost of care at these institutions.
- They are not bringing their children because they are not receiving care.
- Hospitals, therefore, frequently serve as the provider of first and last resort when an oral health condition develops



# Shifting to the ER

- The result of this is both a lack of dental treatment and a major cost shift to the hospitals that is estimated to be 10 times more expensive than treatment at a dental clinic.
- Both patients and policy makers face serious consequences when oral health problems are addressed in hospitals.
- Today, dental problems are one of the top reasons that Medicaid patients and the uninsured go to the ER.





# Cost Shifting

- For patients, ERs are an expensive source for treatment, and care from these facilities is unlikely to provide lasting relief.
- Generally, hospitals can provide only short-term relief, such as medication to treat an infection or temporarily relieve pain.



# Data

- It costs the US healthcare system anywhere between 867 Million to 2.1 billion to treat dental conditions in hospital ER's in 2010.
- In patient ER treatment for dental problems average \$6,498 compared to preventive care averaging at \$660



# Data

- From 2008 to 2011, Illinois hospitals in the Chicago metropolitan area had nearly 77,000 emergency or other types of patient visits for non-injury, dental-related ailments.



# Young Adults

- As a percentage of all dental visits, emergency room visits by people aged 21 to 34 years increased from 1.5% to 3.0%. The increase among people 35 to 49 years old was from 0.5% to 0.9%.
- Young adults may be turning to emergency rooms for dental care because they cannot pay for comprehensive oral care.



# Pew Study

- The PEW center documented a 15.8% increase in Emergency Room Visits from 2006-2009 in states that reduced or eliminated adult dental care programs.
- Recently California, Wisconsin, and Washington State have restored adult dental due to the overwhelming need and costs savings.



# California Affect

- It is estimated that when California eliminated its adult dental coverage in 2009, the state lost approximately 134 million in federal match Medicaid funding.
- In addition, with the multiplier effect, the cut to adult dental care costs California more than \$500 million including the loss of jobs, wages, and business activity.



# Systemic Health

- Health care has been delivered in isolated silos to the detriment of safety and quality care delivery making it more difficult to meet the needs of our patients who present with complex conditions that are more conducive to a multidisciplinary treatment approach.
- We need to recognize that access to regular dental care is critical to help detect and diagnose early manifestations of osteoporosis, certain cancers, eating disorders, substance abuse, and HIV Infection and progression to AIDS all which result in better outcomes and lower costs if identified and treated early.



# Chronic Disease Management

- United Concordia Study
  - A study conducted by United Concordia shows annual medical savings of \$1,814, \$2,956, \$1,029 and \$3,964 per member are possible when an individual with diabetes, heart disease, cerebrovascular disease (stroke), or rheumatoid arthritis, respectively, receives and maintains treatment for gum disease.





# ACA

- Affordable Care Act (ACA) and the Children's Health Insurance Program Reauthorization Act (CHIPRA) — contain drivers for interprofessional collaboration that promise to bridge the medical-dental divide to improve overall health outcomes they only do so for Children.